

CLAIMS

1. Method for identifying a subject at risk of
5 developing hypertensive end organ damage, comprising:
 - (a) obtaining a biological sample of said subject;
 - (b) determining the level of at least one non-myocytical marker in said sample;
 - (c) comparing the level of said marker to a standard
10 level; and
 - (d) determining whether the level of the marker is indicative of a risk for developing hypertensive end organ damage.
2. Method as claimed in claim 1, wherein the
15 biological sample is a plasma sample derived from peripheral blood.
3. Method as claimed in claim 1 or 2, wherein the non-myocytical marker is a protein.
4. Method as claimed in claim 3, wherein the non-
20 myocytical marker is galectin-3.
5. Method as claimed in claim 3, wherein the non-myocytical marker is thrombospondin-2.
6. Method as claimed in any of the claims 1-5,
wherein the level of the marker is measured by an enzyme-
25 linked immunosorbent assay (ELISA).
7. Use of one or more non-myocytal markers for identifying a subject at risk of developing congestive heart failure.
8. Use as claimed in claim 7, wherein the marker is a
30 protein.
9. Use as claimed in claim 8, wherein the protein is galectin-3.
10. Use as claimed in claim 8, wherein the protein is

thrombospondin-2.

11. Use of galectin-3 and/or modulators thereof for the manufacture of a medicament for the prevention and/or treatment of hypertensive end organ damage.

5 12. Use of thrombospondin-2 and/or modulators thereof for the manufacture of a medicament for the prevention and/or treatment of hypertensive end organ damage.